Part A **RENTAL PROPERTY REGISTRATION** **Part A**

TRACKING NUMBER							

⇒ **PLEASE NOTE:**
When using this form, **DO NOT ADD NAMES** to those Owners to whom the Tracking No. was assigned or change names from individuals to business entities. To add names or to change the Owner's name entirely, call MDE Rental Registry for a new Tracking No.

YOU MAY EDIT INCORRECT INFORMATION (e.g. addresses or spelling of names) **associated with the Tracking No.**

OWNER	*SEE PAGE 5 FOR DETAILED INSTRUCTIONS*
	YOU CANNOT ADD TO OR DELETE ANY OF THE NAMES ASSIGNED TO THIS TRACKING NUMBER
	Please make any address corrections in the empty space below
NAME:	
ADDRESS:	
CITY: STATE: ZIPCODE:	
TELEPHONE: [Work:☐ Cell:☐ Home:☐] ( )	

⇒ **MAIL ANNUAL RENEWAL FORMS TO** (select one)**:** ☐ **Owner** ☐ **PO Box** ☐ **Property** ☐ **Manager**

RESIDENT AGENT/ AUTHORIZED AGENT	*SEE PAGE 5 FOR DETAILED INSTRUCTIONS*
You must name a contact person 18 years of age or older who is customarily present in an office in Maryland for the purpose of transacting business or who actually resides in Maryland. **It may be the owner**, the property manager, or any other person.	LAST NAME:
	FIRST NAME:
	ADDRESS:
	CITY: **MD**
	ZIP CODE:
	TELEPHONE: [Work:☐ Cell:☐ Home:☐] ( )

PROPERTY MANAGER	*SEE PAGE 5 FOR DETAILED INSTRUCTIONS*
NAME:	*For Office Use Only*
ADDRESS:	
CITY: STATE:	
ZIP CODE:	
TELEPHONE: [Work:☐ Cell:☐ Home:☐] ( )	

INSURANCE *SEE PAGE 5 FOR DETAILED INSTRUCTIONS*

Please complete the information below for each company providing property insurance or lead hazard	☐ CHECK HERE IF YOU **DO NOT** HAVE ANY INSURANCE

POLICY

INSURANCE CO. NAME:	
ADDRESS:	
CITY:	STATE:
ZIP CODE:	
POLICY NUMBER:	

AFFIRMATION

I hereby affirm that the information contained in this Registration Form is complete and true to the best of my knowledge.	
	SIGNATURE DATE
	PRINT NAME

PART B INSTRUCTIONS *SEE PAGE 5 FOR ADDITIONAL INSTRUCTIONS* **Part B Is Next Page →**

FOR EACH NEW PROPERTY you wish to register

1. **MAKE, then COMPLETE, a copy of PART B *for each additional property*** you wish to register.

   You may complete Part B on the next page for the 1st property you wish to register.

   Provide the required property information (Property No and Property Address) where indicated.

   Note: Property No. is the "Real Estate Tax Account Number" found on your property tax bill.

2. Enter information for **EACH UNIT ON ONE OF THE NUMBERED LINES** (1 – 8). If the whole property is a single rental unit, enter "SFP" (Single Family Property).

3. Enter the Subtotal of Units at the bottom of *EACH* Part B.

4. Transfer the Combined Total (of the Subtotals) of ALL the Parts B to "*FEE SUMMARY PAGE*"

5. Calculate and enter the amount due for each type of New Units (# New Units ✕ $30/unit) and

6. Include the calculated amount for your newly-registered Units on the bottom line, "TOTAL AMOUNT SUBMITTED" *AND* **in your payment**.

Note:

If ANY of the information required on Part A (both pages) is NOT the SAME for ALL properties, you must USE A SEPARATE FORM FOR EACH PROPERTY.

FORM B   NEW UNIT IDENTIFICATION & REGISTRATION   FORM B

Tracking No._____

Manager Name and Address
(other than Owner)

Owner Name:

Name:

Address:

Owner Email:

(A) Information / Property Address	Property No. City, State, Zip	Property UNIT IDENTIFICATION Single Family Property = "SFP" or separate units list unit #	Date Built	(B) Status — Status Code [1] Pre1950 [2] Post 1949 [3] Certified lead free (Opt. In)	(C) OCCUPANCY Date of Most Recent Change in Occupancy	Date of Most Recent Treatment	(D) TREATMENTS Type Code [1] Full Risk Reduction [2] Modified Risk Reduction [3] Lead free	Most Recent Inspection Certificate No.	(E) NOTICES Most Recent Date Tenants' Rights Sent
Example: 123 Main St. 123 Main St. Cont.	12345678 Baltimore, MD, 21203	1A, 1B, 1C, 1D 2A, 2B, or SFP	1936	1	2/11/1995	2/1/1995	1	123456	1/31/2007
1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									

Subtotal Unit count: Lead Hazard Insurance Coverage **(Y / N)** Circle one   **Policy No.**

If Needed Complete additional FORM B and total ALL FORM B Subtotals to Fee Payment Form

KEEP A COPY OF THIS FORM FOR YOUR RECORDS   Additional Form Bs can be downloaded from www.mde.state.md.us/LeadRegistration

Part C   *FEE SUMMARY PAGE*   **Part C**

Please calculate fees for all rental units listed and tallied on ALL Part B pages

Total Count, Column B "STATUS"   = _____ x $30 = _____

                                        TOTAL AMOUNT SUBMITTED = _____

- Make check or money order payable to: Maryland Department of the Environment

- Include tracking number on your payment

- Cancelled check will serve as your receipt

- To receive proper credit, Parts A, B, and C of the Registration Form <u>must</u> be submitted with payment

- Mail Parts A, B, and C with payment to:

        Maryland Department of the Environment
        P.O. Box 23660
        Baltimore, MD 21203-5660

PART A & B INSTRUCTIONS

PART A OWNER INFORMATION

TRACKING NUMBER: MAKE SURE AN MDE TRACKING NUMBER IS ON THE FORM. If an MDE tracking number has not been assigned, call the MDE Lead Hotline to obtain a tracking number (410) 537-4199 or 1-800-776-2706.
NOTE: The registration cannot be processed without a tracking number.

OWNER ADDRESS: Make sure the FULL name, including any middle name, full mailing address, and telephone number of the property owner is typed or printed clearly. Please check the box for type of phone number. Indicate to whom you want MDE to **MAIL ANNUAL RENEWALS** (Owner, PO Box, Manager, etc.)

RESIDENT AGENT: If the owner and/or property manager does not live in Maryland, you must provide information for a contact person who lives in Maryland and is at least 18 years of age.

PROPERTY MANAGER: If the property manager is **other than the owner**, type or print clearly the property manager's name, full mailing address, and telephone number. Please identify the type of phone number

INSURANCE: Type or print clearly the Insurance Company's name, complete mailing address, and policy number for all properties. NOTE: If needed, you may attach a separate sheet for additional policy numbers.

PART B NEW UNIT IDENTIFICATION & REGISTRATION INFORMATION

MAKE SURE THE TRACKING NUMBER AND PROPERTY NUMBER ARE TYPED OR PRINTED CLEARLY ON PART B OF THE REGISTRATION FORM.

If any of the information required on Part A is NOT the SAME for ALL PROPERTIES, you MUST use a separate registration form for each property.

PROPERTY NUMBER: Type or print clearly the Property Number in space provided. You can get your Property Number or "Real Estate Tax Account Number" off your property tax bill or contact the *Department of Assessments and Taxation* at (410) 767-8259 www.dat.state.md.us. NOTE: Property number and property street address number are not the same.

Column A: Type or print clearly the property address in empty box provided, then identify each unit in the property on the lines provided. If property does not have more than one unit write Single Family Property (SFP).

Column B: Subcolumn **B1:** Enter the **Date Built for the Property.** Subcolumn **B2:** Enter the code for the **Status Code** (date range) for **each unit was built** ([1] = Pre-1950, [2] = Post-1949) or the certified Lead Free option ([3] = Certified Lead Free).

Column C: Type or print clearly the date your most recent tenant moved in for each unit.

Column D: SEE YOUR INSPECTION CERTIFICATE for section D. Subcolumn **D1:** Enter the date inspected/treatment completed. Subcolumn **D2:** Enter the **Type Code** for the type of treatment performed ([1] = Lead Dust Inspection, [2] = Full Risk Reduction Treatment & Visual Inspection, [3] = Modified Risk Reduction). Subcolumn **D3:** Enter the **certificate number**.

NOTE: If an inspection has not been performed on the property, Column D does not apply.

Column E: Enter the most recent date the Tenants Rights Package was given to the tenant for each unit.
Subtotal: Count the entries in **COLUMN B2** and enter the number at the bottom of Rental **Registration Form.**